

CONTRACT ASSOCIATE TRAVEL AND BUSINESS EXPENSE INVOICE

When completing electronically, click on each field to be filled in.

| | | | | | |
|--|------------------------------------|---------------------------|---|-----------|-----------|
| 1. | Social Security No. | Contract Associate's Name | Org. No/MS | Phone No. | Mo/Day/Yr |
| 2. | Supplier Name _____ | | | | |
| 3. | For expenses from _____ thru _____ | | Total trip days _____ Personal days _____ | | |
| Note: Total of personal & business days should equal total travel days | | | | | |
| 4. | Business Purpose _____ | | | | |

5. ☐ Supplemental Invoice (Attach a copy of the original Travel Invoice and any other supplements.)

| | | | | | | | | | |
|--------------------------------|------------------------|--|--|--|--|--|--|--|----------|
| 6. | DATES | | | | | | | | TOTALS |
| 7. | TRAVEL from | | | | | | | | |
| | DESTINATION(S) to | | | | | | | | |
| TRANSPORTATION EXPENSES | | | | | | | | | |
| 8. | RENTAL CAR | | | | | | | | |
| 9. | RENTAL CAR GAS | | | | | | | | |
| 10. | PARKING | | | | | | | | |
| 11. | TAXI/SHUTTLE/BUS/TOLLS | | | | | | | | |
| 12. | AIR FARE | | | | | | | | |
| 13. | OTHER TRANSPORT ▲ | | | | | | | | |
| 14. | PERS. CAR MILES/COST ▲ | | | | | | | | |
| 15. | TOTAL (8...14) | | | | | | | | A |

| | | | | | | | | | |
|---|-----------------------------|--|--|--|--|--|--|--|----------|
| LODGING, MEALS, AND INCIDENTAL EXPENSES (Do not include Lodging Tax) | | | | | | | | | |
| 16. | LODGING up to 150% (Note 1) | | | | | | | | |
| 17. | BREAKFAST | | | | | | | | |
| 18. | LUNCH | | | | | | | | |
| 19. | DINNER | | | | | | | | |
| 20. | TIPS | | | | | | | | |
| 21. | OTHER INCIDENTALS ▲ | | | | | | | | |
| 22. | TOTAL (16...21) | | | | | | | | |
| 23. | PER DIEM | | | | | | | | |
| 24. | LESSER OF 22 or 23 | | | | | | | | B |

| | | | | | | | | | |
|--------------------------------|----------------------------|--|--|--|--|--|--|--|----------|
| OTHER BUSINESS EXPENSES | | | | | | | | | |
| 25. | SAFE ARRIVAL CALL (Note 2) | | | | | | | | |
| 26. | TUITION/CONF. REGIS. | | | | | | | | |
| 27. | LODGING TAX | | | | | | | | |
| 28. | MISCELLANEOUS (Note 3) | | | | | | | | |
| 29. | TOTAL (25...28) | | | | | | | | C |

| | | | | | | | | | |
|-----|--|--|--|--|--|----------------------------|--|--|--|
| 30. | ▲ EXPLANATION OF TRAVEL AND OTHER BUSINESS EXPENSES | | | | | ANALYSIS OF BALANCE | | | |
| | | | | | D. Total Expense (A + B + C) | | | | |
| | | | | | | | | | |
| | | | | | E. Plus Handling Fee | | | | |
| | | | | | (Only applies to original Travel Invoice) | | | | |
| | | | | | F. Invoice Amount to be Reimbursed (D + E) | | | | |

| | | | | | | | | | |
|--------------------------|--------|-------|------|------------|---|--|--|--|------|
| COST DISTRIBUTION | | | | | Authorized representative of the above-named supplier designated to file this claim for payment of travel expenses incurred on behalf of Sandia National Laboratories in accordance with the above-referenced expenses. | | | | |
| 31. | AMOUNT | PROJ. | TASK | TRANS TYPE | | | | | ORG. |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | Nonemployee Signature (in ink) _____ Date _____ | | | | |

FINAL APPROVAL

Attach:

- Travel Authorization
- Itinerary
- Authorization to Exceed Lodging Per Diem (SF 4600-LR)
- Copies of receipts for Rental Car, Lodging, airfare (regardless of cost)
- Copies of receipts for expenses of \$25.00 or more.

Note 1: Lodging is limited to per diem unless approval form (SF 4600-LR) is signed by Supplier Manager and attached. Lodging is then limited to 150% of per diem.

Note 2: Maximum of \$10.00

Note 3: Misc. moving expenses of household goods.

SNL Next Level of Mgmt. (Dept. Mgr. or above)

Date

Sandia Line Manager's Social Security No.

UCI

INSTRUCTIONS

CONTRACT ASSOCIATE TRAVEL INVOICE INSTRUCTIONS

- Invoice expenses biweekly or upon return from trip, whichever occurs first. Invoices should be prepared in ink or typewritten.
- Keep a daily record of expenses.
 - Explain unusual expenses on travel invoice line 30.
- Contractor should retain appropriate documentation to support this Invoice as required by the terms of this contract and the Federal Travel Regulations.

GENERAL INFORMATION

- Line 1: Complete all boxes. PO# under which you are providing services to Sandia for your employer.
- Line 2: Enter complete supplier name (example: Plus Group, Comforce).
- Line 3: Complete for expenses from and thru dates and number of travel, personal, and business days. (Total of personal plus business days should equal total travel days.)
- Line 4: Clearly describe business purpose of trip -- provide unclassified description.
- Line 5: If this is a supplement to another travel invoice (2nd invoice for the same trip), check the supplemental invoice box and attach a copy of the original invoice. Number supplemental invoices in numerical sequence, i.e., 1st supplemental is number 1, 2nd supplemental is number 2, etc..
- Line 6: Enter dates of travel. If more than 7 days, use 2nd travel invoice and complete Analysis of Balance and Cost Distribution on last page.
- Line 7: Report city and state or country travel destinations.

TRANSPORTATION EXPENSES

- Line 8: Enter car rental cost only under date car was returned. **Attach copy of receipt.**
- Line 9: Record cost of gas for the rental car under date(s) purchased. **Attach copy of receipt if \$25 or more.**
- Line 10: Enter amount of parking charges on a daily basis.
- Line 11: Enter costs for taxi, shuttle/bus/subway fares/tolls on dates incurred.
- Line 12: Enter charges for air fare. Attach copy of receipt.
- Line 13: Other transportation expenses include train fare or other modes of transportation. Explain on line 30. Tickets issued to you through Sandia should not be included on this invoice. NOTE: Normally, airline tickets will be charged directly to a Sandia project and are not invoiced as a trip cost by a supplier. Exceptions: Emergency trip where you purchased the ticket and charged it to your credit card, or last minute arrangements with the Designated Travel Agent where you picked up the ticket at the airport and charged it to your credit card are invoiced on this line. Explain circumstances on line 30. **Attach copy of receipt.**
- Line 14: Record the cost of mileage for use of your personal vehicle using the current Sandia National Laboratories' (SNL) reimbursement rate. Show calculation (miles X mileage rate) on line 30.
- Line 15: Total lines 8 thru 14. Add the totals for each day and enter in Box A.

LODGING, MEALS, AND INCIDENTAL EXPENSES

- Line 16: See Note 1. Enter room costs **DAILY** (use date of the night room was used).
List Lodging Tax on line 27. **Attach copy of receipt and, when applicable, Approval to Exceed Lodging Per Diem form.**
- Line 17: Enter cost of daily breakfast. Any individual meal of \$25 or more requires a copy of the receipt.
- Line 18: Enter cost of daily lunch. Any individual meal of \$25 or more requires a copy of the receipt.
- Line 19: Enter cost of daily dinner. Any individual meal of \$25 or more requires a copy of the receipt.
- Line 20: Record any cost for tips to baggage handlers, maids, waiters/waitresses, etc.
- Line 21: Enter legitimate incidental travel expenses allowed in your agreement with Sandia, not otherwise specified above. Furnish details of costs on line 30. **Attach original receipts if \$25 or more.**
- Line 22: Total lines 16 thru 21. Add the totals for each day.
- Line 23: Enter the total per diem rate for travel location. This can be found in the Sandia Travel Handbook or the Sandia Internal Web. On a daily basis, line 22 should not exceed the amount on line 24 unless the Approval to Exceed Per Diem form was approved. If authorization was obtained, this line should reflect 150% of the daily lodging per diem plus 100% of the meals and incidental per diem.
- Line 24: Enter lesser of line 22 and 23. Add totals for each day and enter in Box B.

OTHER BUSINESS EXPENSES

- Line 25: Enter amount of your safe arrival call and change of plans call (one safe arrival call per destination), limited to \$10.00 (see Note 2).
- Line 26: Enter the cost of approved tuition or conference registration fee. **Attach copy of receipt.**
- Line 27: Enter lodging tax.
- Line 28: Enter miscellaneous costs such as business fax, copies, foreign currency exchange fees, etc. Furnish details on line 30.
- Line 29: Total lines 25 thru 28. Add the totals for each day and enter in Box C.
- Line 30: Explain all unusual costs; other transportation expenses (Line 13); personal car mileage calculation (Line 14); and, if foreign travel, note exchange rate used for calculations.

COST DISTRIBUTION

- Line 31: Enter the amount, project, task number, tran type number from list below, and organization that these expenses should be charged.
The sum of amount (under Cost Distribution) must equal Line F.

TRAN TYPES

- 220401 - Travel within the state of New Mexico
- 220402 - Travel outside the state of New Mexico, within the U.S.
- 220403 - Foreign travel and conference costs (expenses authorized by DOE on form DOE F-15121)
- 220404 - Foreign travel and conference costs (expenses funded under the WFO program)

ANALYSIS OF BALANCE

- Box A: Total all transportation expenses (Line 15) for all travel.
- Box B: Total all lodgings, meals, and incidental expenses (Line 24) for all days of travel.
- Box C: Total other business expenses (Line 30) for all days of travel.
- Box D: Total contract associate expenses is the sum of boxes A, B, & C.
- Box E: Enter the supplier handling fee. A handling fee is not applicable to supplemental travel invoices.
- Box F: Total invoice amount to be paid to supplier (Box D plus Box E).

Before You Submit Your Voucher:

- . Have you signed and dated the voucher?
- . Did you attach your itinerary (all pages); original receipts for hotel and travel vehicle; original receipts where indicated above, and for other expenses?
- . Obtain authorized contract representative and Sandia line manager signatures and Sandia line manager's Social Security Number

INSTRUCTIONS

and for other expenses:

- .Obtain authorized contract representative and Sandia line manager signatures and Sandia line manager's Social Security Number.
- . Submit voucher to Accounts Payable Department 10503, MS 1385.

NOTE:

The Sandian who approves the expenses is responsible for reviewing the form for adherence to Federal Travel Regulations (41 CFR 301, appendix A) and ensuring that original receipts are attached to the original form. Receipts are required to substantiate airfare, rental car, and lodging expenses regardless of the amount. For other expenses, receipts are required only if \$25 or more.

The rules are as follows:

Airfare should not exceed the lowest logical airfare.

Lodging, meals and incidental expenses should not exceed the per diem amount specified. (Unless Approval to Exceed Lodging Per Diem, form is attached).

Note: In addition, the following costs are considered unallowable and will not be reimbursed by DOE.

Portion of the cost that exceeds the lowest available airfare

Travel costs in excess of CFR Regulations

Car rental and lodging expenses not substantiated with copies of receipts

Meals, local transportation, and incidental expenses of \$25 or more not substantiated with receipts

After approval is obtained and supporting documentation attached (as described in the instruction page of the form), send the form to Accounts Payable, Department 10503, (MS 1385).